UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re:	Case No. 06-06270
UNTREIA Y DANIELS	
Debtor(s)	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 05/31/2006.
- 2) The plan was confirmed on 08/04/2006.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on NA .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was completed on 06/30/2009.
 - 6) Number of months from filing to last payment: <u>37</u>.
 - 7) Number of months case was pending: 41.
 - 8) Total value of assets abandoned by court order: <u>NA</u>.
 - 9) Total value of assets exempted: \$1,545.00.
 - 10) Amount of unsecured claims discharged without payment: \$22,205.74.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$8,759.31 Less amount refunded to debtor \$65.26

NET RECEIPTS: \$8,694.05

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$2,950.00
Court Costs \$0.00
Trustee Expenses & Compensation \$403.66
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$3,353.66

Attorney fees paid and disclosed by debtor: \$50.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
CAPITAL ONE BANK	Unsecured	687.00	629.68	629.68	62.97	0.00
CAPITAL ONE BANK	Unsecured	NA	377.47	377.47	37.75	0.00
CHILDRENS MEMORIAL HOSPITAL	Unsecured	802.00	NA	NA	0.00	0.00
COMCAST	Unsecured	145.00	NA	NA	0.00	0.00
GURNEE RADIOLOGY CENTER	Unsecured	59.00	NA	NA	0.00	0.00
HOLLYWOOD VIDEO	Unsecured	215.00	NA	NA	0.00	0.00
NEW ERA MEDICAL SERVICES	Unsecured	45.00	NA	NA	0.00	0.00
NIKO CREDIT SERVICES	Unsecured	NA	3,042.06	3,042.06	304.21	0.00
NIKO CREDIT SERVICES	Secured	3,000.00	3,000.00	3,000.00	3,000.00	212.41
PEDIATRIC FACULTY FOUNDATION	Unsecured	988.00	NA	NA	0.00	0.00
PROVENA ST THERESE MEDICAL CT	Unsecured	75.00	NA	NA	0.00	0.00
ROUNDUP FUNDING LLC	Unsecured	14,364.00	17,230.51	17,230.51	1,723.05	0.00
T MOBILE VOICE STREAM	Unsecured	336.00	NA	NA	0.00	0.00
VISTA MEDICAL CENTER EAST	Unsecured	389.00	NA	NA	0.00	0.00

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Claim	Principal	Interes
Allowed	<u>Paid</u>	Paic
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$3,000.00	\$3,000.00	\$212.41
\$0.00	\$0.00	\$0.00
\$3,000.00	\$3,000.00	\$212.41
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$21,279.72	\$2,127.98	\$0.00
	\$0.00 \$0.00 \$3,000.00 \$0.00 \$3,000.00 \$0.00 \$0.00 \$0.00 \$0.00	Allowed Paid \$0.00 \$0.00 \$0.00 \$0.00 \$3,000.00 \$3,000.00 \$0.00 \$0.00 \$3,000.00 \$3,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$3,353.66 \$5,340.39	
TOTAL DISBURSEMENTS :		<u>\$8,694.05</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 10/20/2009 By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. \S 1320.4(a)(2) applies.